

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF  
ADDRESS: 3000 ARCTIC BLVD.  
ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
(SUBR 02)  
F - FINAL

Form Approved  
OMB No. 2040-0004

FACILITY: JOHN M. ASPLUND WWTF---301 (H)  
LOCATION: ANCHORAGE, AK 99502  
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD

FROM	05   09   01	TO	05   09   30
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\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	17.0	(04)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	16.1	(04)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	0.8	*****	*****	(19)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MIN	*****	*****	MG/L		FOUR/WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	50354	*****	LBS/DY	*****	195	*****	(19)	N/A	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	40266	(26)	*****	*****	153	(19)	0	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	35195	37223	(26)	*****	136	149	(19)	0	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/WEEK	COMP24
PH 00400 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	7.1	*****	7.8	(12)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)
J. Kris Warren	
Manager, Treatment Division	
TYPED OR PRINTED	

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
(907)564-2799	05/10/10
AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
The influent and effluent composite samples for BOD & TSS were time composites through September 28, rather than flow proportional composites. Letter of explanation attached.

Forms by WindowChem(707)864-0845;p/n11090;v5.01/4/1/96. Rev. 1/05, BN

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FACILITY: JOHN M. ASPLUND WWTF----301 (H)  
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MONITORING PERIOD

FROM 05 | 09 | 01 TO 05 | 09 | 30

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PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	****	6.9	*****	7.3	(12)	0	FOUR/WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	56416	*****	(26)	*****	217	*****	(19)	N/A	FOUR/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP24
00530 G 0 0	SAMPLE MEASUREMENT	*****	19183	(26)	*****	*****	78	(19)	0	FOUR/WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	14881	16403	(26)	*****	57	65	(19)	0	FOUR/WEEK	COMP24
00530 W 0 0	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	18.5	*****	(19)	N/A	ONCE/MONTH	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/MONTH	COMP24
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	484	*****	(30)	1	THREE/WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	850 MO GEO	*****	MPN/100ML		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	31.601	*****	(03)	*****	*****	*****	****	N/A	CONTINUOUS <sup>2)</sup>	RCORDR
00610 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****	N/A	CONTINUOUS <sup>2)</sup>	RCORDR
FECAL COLIFORM, MPN, EC MED, 44.5C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUS	RCORDR
31615 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****	N/A	CONTINUOUS <sup>2)</sup>	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUS	RCORDR
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****	N/A	CONTINUOUS <sup>2)</sup>	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****	N/A	CONTINUOUS <sup>2)</sup>	RCORDR
00050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUS	RCORDR

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J. Kris Warren		(907)564-2799		05/10/10	
Manager, Treatment Division		SIGNATURE OF PRINCIPAL EXECUTIVE		OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED		AREA CODE NUMBER		YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Two samples during September 2005 exceeded 2600 FC MPN/100 mL, which exceeds the 10% limit. Letter of explanation attached. 2) Flow was not continuously monitored - daily averages were estimated by averaging readings done every three hours. Letter of explanation attached.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.8	(19)	0	EVERY 3 HRS	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	30	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	74	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD

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Manager, Treatment Division  
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J. Kris Warren

TELEPHONE  
DATE  
05/10/10  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Whole Effluent Toxicity Test Report attached.

Forms by WindowChem(707)884-0845;pn11080;v5.01/4/1/98. Rev. 1/05, BN  
OCT 14 2005  
U.S. EPA REGION 10  
OFFICE OF COMPLIANCE AND ENFORCEMENT